



STATE OF UTAH
APPLICATION FOR LIQUEFIED PETROLEUM GAS
CERTIFICATE OF REGISTRATION

TYPE OF APPLICATION

9 NEW

9 RENEWAL

ORIGINAL DATE: _____

Please Print or Type

A. 1. Applicants Name	_____	Approved _____	
First	Middle	Last	
2. Home Address:	_____	Disapproved _____	
	Number and Street or PO Box #		
	_____	PE No _____	
	City	State	Zip
3. Telephone:	_____	P No _____	
	Area Code	Number	
		For Office Use Only	

B. Employment Information.

1. Name of Firm: _____

2. Address of Firm: _____

C. Applicant's Description: Date of Birth: _____ Age: _____ years Sex: F _____ M _____ Weight: _____ lbs
Height: _____ ft. _____ ins. Hair Color: _____ Color of Eyes: _____ Social Security #: _____

D. Have you ever been convicted of any crime? 9 YES 9 NO If "yes", indicate the date, type and location of the offense, the arresting agency, and the court disposition and sentencing information. (Use back side of application)

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION:

I affirm that this application contains no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I also understand and agree that failure to conduct my service work according to the adopted statutes and administrative rules of the State of Utah with regard to liquefied petroleum gas will subject myself to the possibility of the loss of my certificate of registration and/or the possibility of criminal prosecution.

Signature _____ Date _____

E. Type of work performed: Circle those which are applicable.

LPG Certificate of registration \$30.00 _____

Serviceman: LPG RV HVAC

Bobtail and Transport Driver \$20.00 _____

Dispenser

Dispenser Test Only \$10.00 _____

MAIL TO: STATE FIRE MARSHAL, 5272 SOUTH COLLEGE DRIVE, SUITE 302 MURRAY, UTAH 84123-2611 Total _____

Original Date	_____	Renewal Date	_____	Renewal Date	_____	Renewal Date	_____	Renewal Date	_____
Amount Paid	_____	Amount Paid	_____	Amount Paid	_____	Amount Paid	_____	Amount Paid	_____
Receipt #	_____	Receipt #	_____	Receipt #	_____	Receipt #	_____	Receipt #	_____
Date Crt Sent	_____	Date Crt Sent	_____	Date Crt Sent	_____	Date Crt Sent	_____	Date Crt Sent	_____